

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT:	Phillips	)	ATTORNEY DOCKET:	01723326
SERIAL NO.:	09/481,207	)	GROUP ART UNIT:	1625
PATENT NO.:	6,489,346	)	EXAMINER:	Fan, J.
FILED:	January 1, 2000	)		)
TITLE:	Substituted Benzimidazole Pharmaceutical Compositions			
DATE:	September 12, 2007	)	CUSTOMER NO.:	26565
		)		

Mail Stop Post Issue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST TO CORRECT SMALL ENTITY STATUS  
PURSUANT TO 37 C.F.R. § 1.28(c)**

Dear Sir:

This Request relates to Patentee's prior submission dated August 27, 2002 (copy attached), requesting the PTO to change Patentee's entity status from a small entity to a large entity. As detailed below, Patentee respectfully requests the PTO (a) modify its record to reflect such change; and (b) charge Deposit Account No. 13-0019 in the amount of \$1,340.00 to cover the difference between the large and small entity fees for the issue fee and first maintenance fee and the processing fee pursuant to 37 C.F.R. § 1.17(i).

On June 27, 2002, the Patentee's entity status changed from small to large entity. On July 9, 2002, the issue fee was inadvertently paid as a small entity. On August 27, 2002, Patentee notified the PTO that its entity status had changed and authorized the Office to charge its deposit account for the deficiency amount of, at that time, \$640.00. On October 2, 2002, the PTO mailed a communication stating that the amendment from the Applicant dated August 27, 2002 had been entered (copy attached). Nevertheless, our Deposit Account records from August through December 2002 do not indicate that a charge of \$640.00 was ever posted to our account, and the records of the PTO still indicate that Patentee claims small entity status. On June 5, 2006, the first maintenance fee was inadvertently paid as a small entity.

9139102  
Initial date: 11/05/2007 CKHLOK  
09/12/2007-INTEFSW 00006794 130019 09481207  
02-FC:1808 130.00 CR

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11/05/2007 CKHLOK 00006794 130019 6489346  
450.00 PA  
01 FC:1461

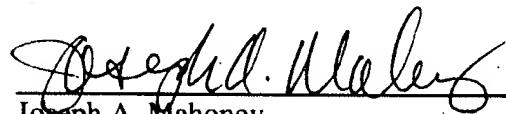
In August 2007, the undersigned examined the records and determined that the entity status was never changed by the PTO in 2002. Accordingly, Patentee hereby authorizes the PTO to charge a total of \$1,340.00, to cover the deficiency amount for the issue fee and first maintenance fee of \$1,210.00 and the processing fee of \$130.00, to Deposit Account No. 13-0019.

Calculation of the amounts owed are made as follows:

Payment Type	Original Payment (as small entity)	Current Payment (as large entity as of August 2007)	Deficiency
Issue Fee	\$640.00	\$1,400.00	\$760.00
First Maintenance Fee	\$450.00	\$900.00	\$450.00
Processing Fee	N/A	\$130.00	\$130.00
<b>TOTAL Payment:</b>			<b>\$1,340.00</b>

If there are any additional fees due in connection with the filing of this communication, please charge these additional fees (or credit any overpayment) to Deposit Account No. 13-0019. If a fee is required for an extension of time under 37 C.F.R. § 1.136 not accounted for above, such an extension is requested and such fee should also be charged to our Deposit Account. Thank you.

Respectfully submitted,

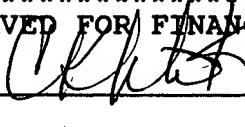
  
Joseph A. Mahoney  
Reg. No. 38,956

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UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

09/481207

1 Date of Request:	11/05/07	2 Serial/Patent #	-00949,251
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time (2253)			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition (1808)		09/12/07	\$ 130.00
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130.00
		8 TO BE REFUNDED BY:	
<input type="checkbox"/> 10 REASON:		Treasury Check	
<input type="checkbox"/> Overpayment	X	Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 1 3 -- 0 0 1 9	
<input checked="" type="checkbox"/> X No Fee Due (Explanation):		1.28 pet	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: Charlema Grant		TITLE: Atty	
SIGNATURE: /Charlema Grant/		PHONE: X-3215	
OFFICE: OP		***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED: 		DATE: 11/5/07	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B